2000 UNIFORM BUSINESS REPORT (UBR)

5/8

FILED
Jul 06, 2000 8:00 am
Secretary of State
05-08-2000 90094 045 ***150.00

DOCUMENT # N99000001394

1. Entity Name

SUM RESEARCH CENTER, INC.

Principal Place of Business	Mailing Address
8100 SOUTH WEST 81 DR.#210 MIAMI FL 33143	8100 SOUTH WEST 81 DR.#210 MIAMI FL 33143-6600

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1150 CAMPO SANO AVE	1150 CAMPO SANO AVE
Suite, Apt. #, etc.: 200	Suite, Apt. #, etc.: 200
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33146 Country: Dade	Zip: 33146 Country: Dade

4. FEI Number: 65-0896410 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HECHTMAN, BARRY
8100 SOUTH WEST 81 DR.,#210
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President John E. Zvijac, M.D. 1627 Brickell Avenue, Unit 1801 Miami, Florida 33129	☐ Change ☒ Addition (D)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President John W. Uribe, M.D. 3311 South Moorings Way Coconut Grove, Florida 33133	☐ Change ☒ Addition (D)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer Keith S. Hechtman, M.D. 8301 S.W. 94th Street Miami, Florida 33156	☐ Change ☒ Addition (D)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barry Hechtman, M.D. FILED 4-20-00 (305) 270-0014.101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #